

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044938

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

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Rev. 4/59

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FILED DEC 4 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rolla

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

DOA Phelps Co., Memorial

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Maries

Inside Limits

Yes ☒ No ☐

c. CITY
OR TOWN

Vichy

d. STREET ADDRESS (If outside, give location)

General Delivery

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

LEVI

Last

MEDFORD

4. DATE OF DEATH

Month

Day

Year

November 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-7-1895

9. AGE (last birthday)

68 67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

12-7-1895

12-7-1895

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DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.